

APPOINTMENT OF FINANCIAL PLANNER

TO WHOM IT MAY CONCERN

We/I _____

of _____

Wish to appoint the Financial Planners of Leishman Financial Services Pty Ltd as our/my Financial Advisers. My personal advisers are Simone Vanden-Driesen & Chris Vanden-Driesen

We/I request that all relevant information on our/my investments, insurances, superannuation, bank accounts or other financial information be released to my appointed adviser, who is a representative of Leishman Financial Services Pty Ltd, on request. Accordingly, all benefits normally afforded to my adviser are afforded to Leishman Financial Services Pty Ltd, hold an Australian Financial Services Licence, No. 227747.

Leishman Financial Services Pty Ltd
Lvl 4/295 Springvale Road Glen Waverley
PO Box 3
Glen Waverley 3150
Ph: (03) 9561 9699
Fax: (03) 9561 9301

Please also accept a photocopy or facsimile copy of this letter as authority, as the original will stay on file at Leishman Financial Services Pty Ltd.

Yours Faithfully

Signed:.....

Signed:.....

Date:...../...../.....

Date:...../...../.....